

PARTICIPANT REPORT CONCERNING VENDORS

Instructions: Please complete this report on behalf of participants by requesting the information below and then click the **Email** button to submit the form. The form will automatically be sent to a WIC Branch staff member who will route the form to the proper Branch representative. Or you may **Print** the form and fax to (916) 928-0743. The highlighted gray areas are necessary for follow-up to occur.

Store name		Store number in ISIS
Store address (street number and name or cross streets)	City	Date and time of incident

Local agency name and site name/number

Describe what happened

- ☐ Would not accept food instruments.
- ☐ Did not have enough food for participant to purchase the full amount listed on the food instrument.
- ☐ Would not allow participant to purchase all foods listed on the food instrument.
- ☐ Other (please describe).

Name of local agency staff member completing report	Date	Phone Number for follow-up ()
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STATE WIC BRANCH USE

Action taken

WIC Branch Staff signature